

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703162

FILED
Apr 07, 2009
Secretary of State

Entity Name: HIGHLANDS PARK ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

1500 DEER GLEN BLVD
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 832
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 59-3280395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARTLEY, JOE
1608 PRUITT'S LANDING
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: GRAHAM, MARIE
Address: 205 PATTON
City-St-Zip: LAKE PLACID, FL 33852

Title: VPD () Delete
Name: ANDRUS, LEE
Address: 636 HIGHLANDS LK DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: PD () Delete
Name: OBENCHAIN, HELEN
Address: 1504 FRINGE ST
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: CLAY, TED N
Address: 509 LAKESEDGE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: GARTLEY, JOE
Address: 1608 PRUITT'S LANDING
City-St-Zip: LAKE PLACID, FL 33852

Title: SD () Delete
Name: ROLLINS, CONNIE
Address: 1526 RUTLEDGE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN OBENCHAIN

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date